

Galloway

255170

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter Certificate from Doe's Limo
Company LLC

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FEB 19 2015

TRANS DEPT

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2015 - 71 - 1

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Niketa Galloway

Submitted by:

Telephone:

704-301-5009

Fax:

704-293-9337

Other:

Email: Bizzykidzkebo@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☒ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☒ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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704-301-5009

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

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FEB 19 2015

Phone: (803) 896-5100 Fax: (803) 896-5199

TRANS DEPT

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

2015-71-T

CLASS C - NON-EMERGENCY

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Date: February 17, 2015

TRANS DEPT

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
Bizzy Kidz Kab Company LLC

609 E Cheval Drive Fort Mill SC 29708
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

704-301-5009

Phone

Fax

BizzyKidzKabCo@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

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PSC SC
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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
 Month February Year 2015

Assets:	
Cash	\$4,000.00
Receivables	\$0.00
Real Estate	\$0.00
Buildings and Equipment (Net)	\$0.00
Motor Vehicles (Net)	\$11,500.00
Garage Equipment (Net)	\$0.00
Machinery and Tools (Net)	\$0.00
Supplies on Hand	\$500.00
Prepays and Other Assets	\$500.00
Total Assets *	\$16,500.00
Liabilities and Equity:	
Accounts Payable	\$0.00
Notes Payable	\$15,887.87
Mortgages Payable	\$0.00
Equipment Obligations	\$0.00
Accrued Salaries and Wages	\$0.00
Other Accrued Obligations	\$0.00
Other Liabilities	\$0.00
Total Liabilities	\$15,887.87
Capital Stock	\$0.00
Retained Earnings	\$612.13
Total Equity	\$612.13
Total Liabilities and Equity *	\$612.13

* Total Assets = Total Liabilities and Equity

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PROPOSED RATES AND CHARGES FOR SERVICE**Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):**

Registration Fee \$50.00

Miles - 8-10

Single Trips - \$17.00

Round Trip Single - \$27.00

Single Weekly \$82.00

Round Trip Weekly \$112.00

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

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DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
LandRover	2005 LR3	SALAE25425A319651		

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INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance company must be licensed to transact insurance business in the State of South Carolina. A copy of current insurance policies must be provided to the insured. This quote is only valid for the purpose of purchasing insurance from the insurance company that has been approved and an order has been received by the SC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Barry Keith Rob Company LLC

Name of Applicant

601 E. Church St. Fort Mill SC 29708

Address of Applicant

Amount of Premium

Liability Insurance

\$1,304.00

The above quote is for a term of 12 months.

Minimum limits for liability, property and temporary damage limits will not be less

than the following:

Limits Quoted

General Liability	\$1,000,000	\$1,304.00
Medical Payments	\$1,000	\$1,304.00

National Surety Company / Steckman Insurance Brokers

Name of Insurance Company

400 Commerce Court Greenville SC 29615

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2/18/15

Date

[Signature]

Authorized Insurance Company Representative's Signature

NOTICE

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-2-20 and 56-2-21 for more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 735-6655.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Workers' Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter of credit with the WCC for an amount of \$500,000; 2) agree to pay a yearly self-insurance fee; and 3) agree to pay its share of the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-2540 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

Bizzy Kidz Kab Company LLC

Name

N/A

U.S.D.O.T No.

N/A

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

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Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

North Carolina
STATE OF ~~SOUTH CAROLINA~~

COUNTY OF Mecklenburg

SWORN TO BEFORE ME
This 18 day of February, 2015


Notary Public

Commission Expires 11/17/2018



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The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

BIZZY KIDZ KAB COMPANY LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 10th, 2015, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 11th day of
February, 2015

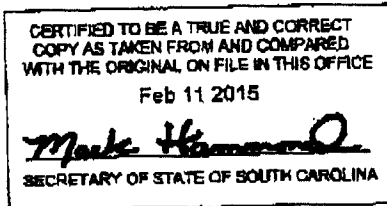
A handwritten signature of Mark Hammond in black ink.

Mark Hammond, Secretary of State

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**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
FOR A
LIMITED LIABILITY COMPANY**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is BIZZY KIDZ KAB COMPANY LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is
609 E CHEVAL DR
Street Address
FORT MILL SC 297086956
City Zip Code

3. The initial agent for service of process of the Limited Liability Company is
TERRY GALLOWAY Electronically filed on SCBOS.
Signature not required.
Name Signature

and the street address in South Carolina for this initial agent for service of process is

609 E CHEVAL DR
Street Address
FORT MILL SC 297086956
City Zip Code

4. The name and address of each organizer is

a) NIKETA GALLOWAY
Name
609 E CHEVAL DR
Street
FORT MILL SC US 297086956
City State Zip Code

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BIZZY KIDZ KAB COMPANY LLC

Name of Corporation

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

Electronically filed on SCBOS.
Refer to attached signature page.

Date 2015-02-10